



# UKRC 2010

## SHIPPING , TRANSPORT & LIFTING FORM

LUPPRIANS - SPECIALISTS IN STORAGE, TRANSPORT, SITTING & INSTALLATION OF MEDICAL SYSTEMS

CONSIGNMENT DETAILS	
PLEASE PROVIDE THE FOLLOWING:	
1). Quantity of exhibits / cases:	
2). Length / width / height of each:	
3). Weight of each piece:	
Please state any special requirements :	
CONTINUE ON PLAIN PAPER IF NECESSARY	
SHIPPING DETAILS	
Preferred delivery date/time at hall, if any:	
FOR FOREIGN / EEC EXHIBITS:	
Please state method of shipment to be adopted - i.e. Air / Sea / Road:	
If other than Lupprians please give name, address, contact and phone number of shipping or forwarding agent or representative in the UK	
TRANSPORT DETAILS	
UK EXHIBITS:	
Please state the type of vehicle required: (e.g. Transit, Luton, 17 tonne, Artic	COLLECTION ADDRESS:
Are there any access restrictions at your premises?.	
ON SITE SERVICES REQUIRED	
WILL YOU REQUIRE US FOR...?	1) <input type="checkbox"/> Offload / Load                      5) <input type="checkbox"/> Unpacking / Packing 2) <input type="checkbox"/> Cranage / Forklift                      6) <input type="checkbox"/> Customs clearance 3) <input type="checkbox"/> Positioning of Equipment                      7) <input type="checkbox"/> UK Transport 4) <input type="checkbox"/> Storage of empty cases                      8) <input type="checkbox"/> Overseas Forwarding (Surface / Air)
EXHIBITOR: _____	TELEPHONE: _____
BY (SIGNATURE): _____	FAX: _____
ADDRESS: _____	HALL: _____
NAME OF CONTACT: _____	STAND NO: _____
CONTACT NUMBER: _____	

**RETURN COMPLETED FORM  
BY THE 21ST May 2010 to:**

LUPPRIANS  
Keiler House, Challenge Road  
Ashford, Middlesex  
TW15 1AX [www.lupprians.co.uk](http://www.lupprians.co.uk)  
FAO CHRIS GRIFFITHS / GRAHAM BARROW

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